

16805 U.S.P.T.O.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 42P18013

First Inventor Lyonel Renaud, et al.

Title RECEIVER SYMBOL ALIGNMENT FOR A SERIAL POINT TO POINT LINK

Express Mail Label No. EV 339916683US

00727 U.S.P.T.O.
10/25/0081

123103

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:
Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

- | | |
|---|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
<i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 21]
<i>(preferred arrangement set forth below)</i>
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8]</p> <p>5. Oath or Declaration [Total Pages ..]
 a. <input type="checkbox"/> Newly executed (original or copy)
 b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))
<i>(for continuation/divisional with Box 18 completed)</i>
 i. <input type="checkbox"/> DELETION OF INVENTOR(S)
<i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission
<i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)
 b. Specification Sequence Listing on:
 i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or
 ii. <input type="checkbox"/> paper
 c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney
<i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Application Amended to Reflect Claim of Priority</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)
<i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p> |
|---|---|

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No: _____

Prior application Information: Examiner _____

Group/Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS Customer Number

08791

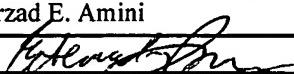
or Correspondence address below

Name	Blakely, Sokoloff, Taylor & Zafman LLP				
Address	12400 Wilshire Boulevard, 7th Floor				
City	Los Angeles	State	California	Zip Code	90025
Country		Telephone	(310) 207-3800	Fax	(310) 820-5988

Name (Print/Type) Farzad E. Amini

Registration No. (Attorney/Agent)

42,261

Signature 

Date 12/31/03

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 770.00)

Complete if Known

Application Number

Filing Date

First Named Inventor

Lyonel Renaud

Examiner Name

Group/Art Unit

Attorney Docket No. 42P18013

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account

Deposit Account Number 02-2666

Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity			Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description		
1001 770	2001 385	Utility filing fee		770.00
1002 340	2002 170	Design filing fee		
1003 530	2003 265	Plant filing fee		
1004 770	2004 385	Reissue filing fee		
1005 160	2005 80	Provisional filing fee		
SUBTOTAL (1)			(\$)	770.00

2. EXTRA CLAIM FEES

Total Claims	16	- 20 ^{**}	= 0	Extra Claims	X 18.00	= \$0.00	Fee from below	Fee Paid
Independent Claims	3	- 3 ^{**}	= 0		X 86.00	= \$0.00		

Multiple Dependent

Large Entity	Small Entity			Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Description		
1202 18	2202 9	Claims in excess of 20		
1201 86	2201 43	Independent claims in excess of 3		
1203 290	2203 145	Multiple Dependent claim, if not paid		
1204 86	2204 43	**Reissue independent claims over original patent		
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)			(\$)	0.00

^{**}or number previously paid, if greater. For Reissues, see below

3. ADDITIONAL FEES

Large Entity	Small Entity			Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description			
1051 130	2051 65	Surcharge - late filing fee or oath			
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet			
2053 130	2053 130	Non-English specification			
1812 2,520	1812 2,520	For filing a request for ex parte reexamination			
1804 920 *	1804 920 *	Requesting publication of SIR prior to Examiner action			
1805 1,840 *	1805 1,840 *	Requesting publication of SIR after Examiner action			
1251 110	2251 55	Extension for reply within first month			
1252 420	2252 210	Extension for reply within second month			
1253 950	2253 475	Extension for reply within third month			
1254 1,480	2254 740	Extension for reply within fourth month			
1255 1,210	2255 605	Extension for reply within fifth month			
1404 330	2401 165	Notice of Appeal			
1402 330	2402 165	Filing a brief in support of an appeal			
1403 290	2403 145	Request for oral hearing			
1451 1,510	2451 1,510	Petition to institute a public use proceeding			
1452 110	2452 55	Petition to revive - unavoidable			
1453 1,330	2453 665	Petition to revive - unintentional			
1501 1,330	2501 665	Utility issue fee (or reissue)			
1502 480	2502 240	Design issue fee			
1503 640	2503 320	Plant issue fee			
1460 130	2460 130	Petitions to the Commissioner			
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)			
1806 180	1806 180	Submission of Information Disclosure Stmt			
8021 40	8021 40	Recording each patent assignment per property (times number of properties)			
1809 770	1809 365	Filing a submission after final rejection (37 CFR § 1.129(e))			
1810 770	2810 365	For each additional invention to be examined (37 CFR § 1.129(b))			
1801 770	2801 365	Request for Continued Examination (RCE)			
1802 900	1802 900	Request for expedited examination of a design application			
Other fee (specify)					

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Farzad E. Amini	Registration No. (Attorney/Agent)	42,261	Telephone	(310) 207-3800
Signature				Date	12/31/03